



Challenge TB - Malawi

Year 2

Quarterly Monitoring Report

October-December 2015

Submission date: January 30, 2016

Table of Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 2 ACTIVITY PROGRESS	4
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 227	
4. SUCCESS STORIES – PLANNING AND DEVELOPMENT	28
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	29
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	31
7. QUARTERLY INDICATOR REPORTING	35

Cover photo: CTB country staff with HQ staff at a team building workshop

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Malawi
Lead Partner	KNCV
Other partners	
Workplan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements:

Capacity building: Two CTB country team members (Zonal TB Adviser) participated in Contact Investigation training workshops that were hosted by the NTP and supported by the GF transitional funding and also assisted in facilitation, illustrating the spirit of collaboration between NTP and CTB.

DRS protocol Development: KNCV Regional Senior Epidemiologist led a workshop which included the core team of the NTP and CTB staff to elaborate the second national DRS protocol for the DRS that is planned in year 3.. This is critical to ensuring that ongoing planning for this activity meets its objective and provides quality data for estimating the trend of prevalence of MDR-TB in Malawi. The first one was conducted with support from TB CAP in 2009-2010.

National TB and TB/HIV Research Agenda: In addition, the KNCV Senior Epidemiologist provided important contribution to the development of a jointly sponsored National Research Agenda. CTB's input will ensure that the CTB's innovations intended (ACF) are embedded within and address important gaps in case detection among high risk populations.

Planning for ACF: Recruitment of ACF staff (Coordinator, Nurse, Community mobilisers, laboratory officer) was initiated in Q1 for all members of the team. It is anticipated that these persons will be recruited in January. The ACF coordinators will join CTB earlier and will contribute to laying the groundwork for this key activity (protocol and SOP development, mapping the selected urban intervention sites).

Other: Members of the CTB country-based team participated in various training workshops hosted by USG for all technical partners focusing on PEPFAR Reporting requirements. Other events included: In December CTB/KNCV HQ and country team met in a project management and team-building workshop. Topics included introduction of the in-country team to the overarching CTB project, and detailed review of the Malawi CTB work plan.

Technical/Administrative Challenges and actions to overcome them

Recruitment of country-based staff: There was a delay in recruitment of country based staff, most of which joined from mid- November 2015. From 1 January 2016, all the key country staff will be on board including 3 Zonal TB Advisors who will be deployed to their respective zones.

Approval of Year 2 workplan: The APA2 workplan was approved late and this resulted in a delay of implementation of activities. Once the APA2 workplan was approved, it was shared with NTP in Q1 in order to align the NTP planned activities with CTB's activities. Following this, a series of meetings have been scheduled from January 2016.

Availability of NTP: The NTP was busy with Global Fund Activities from October through December 2015 which also affected CTB's coordination with them. From January 2016, the CTB will hold regular meetings and discussions with NTP counterparts.

HIV/TB Joint Supervision: The NTP will be involved in Joint HIV/TB Supervision in the first two weeks of January 2016 and this will also affect the availability of the NTP staff since they are very much involved.

Country Office: The country office space was set up in Q1 but had some challenges in terms of internet connectivity, environment (temperature) hence the search for the new office was initiated in Q1 which affected the working condition of the staff. A new office has been identified and will be available from 1st February.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Conduct an assessment of available services and infrastructure in all of the 5 zonal offices using a standardized checklist.	1.1.1	Tools developed	Zonal Assessment Reports			CTB/KNCV has: <ul style="list-style-type: none"> Prepared Draft Zonal level assessment tools Assessment Tool Review Session was conducted 	Met	The Zonal Assessment is scheduled for Q2, February 2016
PEPFAR: Conduct an assessment of all the CTB 15 priority districts and selected health facilities and private providers	1.1.2	N/A	Assessment Report				NA	The assessments are scheduled for Q2, February.
PEPFAR: Support and participate in the joint quarterly HIV supervision	1.1.3	HIV/TB quarterly report	HIV/TB quarterly report	HIV/TB quarterly report	HIV/TB quarterly report	CTB/KNCV has: <ul style="list-style-type: none"> Organized a briefing with the USAID Mission Activity Manager to discuss CTB/KNCV's participation in the joint quarterly supervision meetings Attended preparatory meeting with all PEPFAR IPs, including instructions on usage of two databases: DATIM and Scratch Pad. 	Partially met	The first joint quarterly HIV supervision where CTB/KNCV will participate is scheduled for the first two weeks of January (Q2). CTB/KNCV will facilitate facility data collection, by: <ul style="list-style-type: none"> Participate in one-week site-level supervision visits Preparing quarterly report end Q2
Support the organization of bi-annual TB review meetings at central level	1.1.4	Meeting report	Meeting report	Meeting report	Meeting report	CTB/KNCV has shared the final work plan with the NTP and initiated the planning process.	Not met	The CTB/KNCV work plan for Malawi was approved on 16 November 2016. The Country Team met

						The first bi-annual TB review meeting is scheduled for January 2016.		with the NTP after approval of the workplan to discuss the start of activity planning. Due to the festive season in December, the Bi-Annual TB Review Meeting is scheduled in January and subsequently initiates the start of the new calendar year for the NTP.
Support the organization of quarterly TB review meetings at zonal level	1.1.5	Meeting report	Meeting report	Meeting report	Meeting report	<p>CTB/KNCV has shared the final work plan with the NTP and initiated the planning process.</p> <p>Information and details were shared with Isaías Dimba – (NTP-Deputy Program Director, budgeting, GF Focal person), Kuzani Mbendera – (Care and treatment, pediatric TB and Nutrition) and Birru Shigut – (USAID – supported GF Focal point)</p> <p>The first zonal TB review meeting is scheduled for January 2016.</p>	Not met	<p>The first two weeks of Q2, the NTP is – together with PEPFAR IPs – focused on collecting site-level data.</p> <p>Moreover, the first two weeks of December, the NTP focused on the start-up of Global Fund related activities. Zonal and district-level government staffs were asked to attend these sessions (and CTB/KNCV participated in a number of sessions as well).</p> <p>It was therefore decided to move the first quarterly TB review meeting to the next governmental calendar year, starting January 2016.</p>
Support the NTP to define and review the existing mentorship tools to include TB	1.1.6	Workshop report and finalized tools				As explained above, the CTB Malawi implementation plan was discussed with the NTP end of November and scheduling of activities started in December.	Not met	The milestone for Q1 is moved to Q2 to follow the implementation calendar as proposed by the NTP.

						The workshop will be organized in January 2016 together with the NTP and the Ministry of Health.		
Support the update of the PPM Guideline and the supervisory tool to prepare for GF supported activities (GF BL 146 / 603)	1.1.7		Workshop report and finalized guidelines				NA	Planned for Q2
Support development of Community Health Worker's (CHW) Guidelines and training curriculum	1.1.8	Draft guidelines	Pilot undertaken	Finalized guidelines		<p>In December 2015, CTB met with Action Aid to have a pre-discussion on how to ensure that CTB organized community based activities were coordinated and complementary to the community based activities that Action Aid is undertaking for the GF.</p> <p>The NTP will organize a shared meeting between CTB, Action Aid and NTP early in Q2 to initiate the collaboration on this activity.</p>	Not met	The NTP has indicated to take the lead in coordinating between the Scope of Work of Action Aid and that of CTB. The meeting will take place early Q2 and, following this meeting, the activity will proceed.
PEPFAR: Mapping, assessing and engaging existing CBOs/CSOs/NGOs in the 15 CTB priority in collaborative TB/HIV activities.	1.2.1	i. List available. ii. Contract awarded to umbrella CSO iii. workshop report	i. recommendation on Standardized tools iii. training and advocacy package developed iv. Training plan developed and initiated	Training report	Training report	As described above, CTB has a preparatory meeting with Action Aid to discuss their engagement with CBOs/CSOs/NGOs with regard to TB/HIV activities.	Not met	CTB will advertise the Scope of Work in Q2, after the coordination meeting with NTP and Action Aid regarding community based activities.
PEPFAR: Review and establish linkages	1.2.2	Meeting report with	Meeting report with			CTB/KNCV has shared the CTB Implementation	Not met	CTB/KNCV's TFP will provide Technical

between NTP and PEPFAR partners to support PCA		recommendations	recommendations			calendar with the NTP, which included the scheduled TAs. CTB has drafted a specific Patient Centered Approach Implementation calendar.		Assistance on PCA in Q2, February. The meeting establishing linkages and recommendations on how to implement PCA in Malawi will follow this TA. The TA could not take place sooner due to the holidays and the full schedule of the NTP early month of December.
PEPFAR: Develop and implement operational plans for PCA	1.2.3		Workshop report with plan	Workshop report with plan	Workshop report with plan	See above	NA	Planned for Q2
PEPFAR: Conduct a situational analysis with the HIV program and other technical partners on access (FOCUS GROUPS) and perceptions of quality of care from a patient perspective (QUOTE)	1.3.1		i. Contract awarded, ii. training report iii. Study report iv. training report on Quote Lite	i. dissemination workshop report			NA	Planned for Q2
Orient the District Health Office on PCA and support the establishment of SOPs in order to foster engagement of CBOs and existing community structures (e.g. VHCs, traditional healers)	1.3.2	i. training report and plan	i. training report and plan	i. training report and plan	i. training report and plan	CTB/KNCV has shared the CTB Implementation calendar with the NTP, which included the scheduled TAs. CTB has drafted a specific Patient Centered Approach Implementation calendar	Not met	The activities follow the TA organized by KNCV HQ in Q2. Due to the mid-November work plan approval; the start of the GF-related activities and the festive season, it was not possible to organize the TA in Q1. The report will be ready in Q3 once the training is conducted.
Active engagement of CBOs in comprehensive PCA	1.3.3	i. subcontract awarded	i. TOT reports ii monitoring reports	i. TOT reports ii.	i. TOT reports ii.	See above	Not met	See above. The subcontracting is moved to Q2.

activities - e.g. awareness creation, stigma reduction, infection prevention – targeting informal health care providers and communities				Monitoring reports	Monitoring reports			
Engagement of existing community structures by the DTOs on PCA	1.3.4		orientation reports	orientation reports	orientation reports	Planned for Q2	NA	Planned for Q2
Review, standardize and select available IEC materials for community and household members	1.3.5			Prototype IEC materials		Planned for Q3	NA	Planned for Q2
Establish a baseline of tools - including those developed under TB Care II - to enhance and standardize PCA among PEPFAR partners	1.4.1			Available tools are identified and adopted by partners		Planned for Q3	NA	Planned for Q2
Patient Centered Approach workshop to define PCA in the Malawian context at the central level	1.4.2	i. Workshop Report ii materials printed				CTB/KNCV has shared the CTB Implementation calendar with the NTP, which included the scheduled TAs. CTB has drafted a specific Patient Centered Approach Implementation calendar	Not met	The activities follow the TA organized by KNCV HQ in Q2. Due to the mid-November work plan approval; the start of the GF-related activities and the festive season, it was not possible to organize the TA in Q1.
Patient Centered Approach orientation workshop at the zonal level	1.4.3	Orientation workshop report	Orientation workshop report			See above	Not met	See above
Conduct assessment of the Community Sputum Smear collection strategic approach	1.4.4		Competition and award finalized	Study finalized report prepared			NA	Planned for Q2

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
PEPFAR: Conduct an assessment of the current status and TB Lab network and capacity of the NRL, zonal and district laboratory staff in leading and implementing the scale-up of a comprehensive quality assurance program, and formulate a development trajectory strategy for the next 5 years of CTB. Plan for and implement expansion for quality assured TB, MDR TB Diagnostic Services. Support national TB lab technical working group. Support Sentinel surveillance for MDR TB	2.1.1	Assessment completed and report available	Expansion of registration sites including microscopy labs	Expansion of registration sites including microscopy labs	Expansion of registration sites including microscopy labs	<p>KNCV's Lab Consultant Valentina Anisimova and external consultant Anton Bussink conducted a laboratory assessment from 17-10-2015 until 1 November 2015. They were accompanied by 2 NTP/ NTRL staff and assessed the reference lab and some 25 sites.</p> <p>Findings were discussed with the NTP and a Summary Mission Report shared after the Mission. The consultants are currently finalizing the Full Mission Report, including a strategic plan, is to be shared with USAID in Q2.</p> <p>Recommendations were provided regarding infrastructure, biosafety, supply management, equipment maintenance, sample collection, regulatory</p>	Partially met	The final mission report will be available in February 2016

						documentation, data management and quality assurance. A diagnostic working group is in existence; however CTB is negotiating for the formation of a sub working group that will solely focus on TB.		
PEPFAR: Improve supervisory and mentoring of lab personnel	2.1.2		Development of supervisory and mentoring tools	Supervision/ Mentoring report	Supervision / Mentoring report		NA	Planned for Q2
PEPFAR: Improve clinical diagnosis of smear-negative pediatric and extra-pulmonary TB in all CTB districts to include ART clinical officers.	2.1.3		i. Training curriculum completed ii. Training plan included	Training report	Training report		NA	Planned for Q2
PEPFAR: Expand mentorship program to include quality diagnosis of smear-negative and extra-pulmonary TB	2.1.4		i. report on mentorship review ii. Job aids printed iii. Job training curriculum completed	i. TOT plan and initiated ii. Report on training			NA	Planned for Q2
PEPFAR: Support expansion of registration sites	2.1.5	i. Mapping report and site selection, procurement done	5 Site assessments	5 Site assessments	5 Site assessments	CTB/KNCV compiled a list of all available registration sites. Also – in Q1 – CTB/KNCV initiated discussions on whether to start with expanding the amount of registration sites or first strengthen the existing ones that lack	Partially met	Minor repairs of proposed registration sites will be moved to Q2.

						capacity.		
PEPFAR: Strengthen a comprehensive quality assurance program (for example QMS) for TB microbiology services, including EQA (GF BL 52)	2.2.1			Workshop report			NA	Planned for Q3
PEPFAR: Conduct supervision by NRL	2.2.2		Supervision report	Supervision report	Supervision report		NA	Planned for Q2
PEPFAR: Reestablish the contract and contact with the SNRL	2.2.3	Contract established	NTP/NRL staff trained in SNRL			In Q1, KNCV supported the registration of three NTRL laboratory staff for a two weeks Culture and Identification Training at the African Centre for Integrated Laboratory Training (ACLIT) in South Africa. This is in preparation of the second DR survey to take place in calendar year 2016.	Met	The contract is still valid and the National Institute of Communicable Diseases in Johannesburg provided support in year 1 of CTB
PEPFAR: Support essential functions of NRL in implementing EQA	2.2.4		Meeting report				NA	Planned for Q2
PEPFAR: Assisting the MOH and NTP in establishing the GLI accreditation approach by introducing the GLI standards and using the scoring system	2.2.5		Development of TB lab specific QMS assessment tool	Mentorship report	Mentorship report		NA	Planned for Q2
Support specific essential short-term activities in support of the operationalization of the already established culture laboratory in	2.3.1	Development of validation protocol	i. Supervision /Mentorship report ii. Validation report			The verification protocol was developed and verification of the culture methods by the NTP started in	Met	

Mzuzu						November 2015.		
One day workshop for clinicians regarding the use of GeneXpert (focus on HIV so that the algorithm used does not include microscopy as a first step.	2.3.2			Zonal Workshop reports (5 zones)			NA	Planned for Q3
Service the MGIT machine	2.3.3		Procurement of MGIT supplies				NA	Planned for Q2
PEPFAR: Procurement for laboratory equipment	2.3.4		NTRL Renovations completed			<p>CTB/KNCV – following the laboratory assessment – identified emergency repairs/procurement to be done in order to ensure the functioning of the NTRL.</p> <p>A proposal was submitted and approved by USAID Washington and concurred by the USAID Mission.</p> <p>Following approval, Request for Quotations were prepared for the different Scopes of Work in coordination with the NTP.</p> <p>Vendors will be selected and the work will start in Q2</p>	NA	Planned for Q2
Provide STTA to the design of the third reference laboratory	2.3.5				TA report		NA	Planned for Q4
PEPFAR: Assess the existing GeneXpert	2.4.1		Assessment report				NA	Planned for Q2

platforms in the 15 CTB priority districts, including warranty, calibration requirements and cartridge needs								
PEPFAR: Coordinate with all partners implementing GeneXpert	2.4.2	supervision report	supervision report	supervision report	supervision report	CTB met with PEPFAR IPs in Q1 for exploratory discussions. In Q2 CTB – following the assessment (Activity 2.4.1) will invite all the implementing partners to a workshop with an aim of harmonizing the GeneXpert implementation.	Partially met	This was not fully met because the Diagnostic Advisor joined CTB in December 2015.
PEPFAR: Placement and usage of 4 GeneXpert machines handed over to CTB	2.4.3		Assessment report ii. Installation report of 4 Xpert platforms				NA	Planned for Q2
PEPFAR: Procurement of cartridges as an emergency stock to complement the phase out of TB Reach and start-up of GF	2.4.4	Procurement documentation				CTB's country based, Advisor Laboratory Network worked together with the NTP to collect data on testing volumes and thus estimated how many cartridges needed to be procured.	Partially met	CTB will procure 21,000 Xpert cartridges in early Q2. Additionally, in Q2 the CTB's country based, Advisor Laboratory Network and NTP will assess all the Gene Xpert machines which includes checking how many modules are functional.
PEPFAR: Train and re-train laboratory technicians for quality assured Xpert diagnostics	2.4.5		Training report	Training report	Training report		NA	Planned for Q2
Training of laboratory staff (2 labs) to use the LIMS (which still have	2.5.1			i. training curriculum ii. Training			NA	Planned for Q3

to be developed following STTA in 10.1)				report				
Ensure all diagnostics reporting and recording formats are consistent and comprehensive	2.5.2		Documentat ion review report				NA	Planned for Q2
Assess gaps in CDC/URC/ Other PEPFAR implementing partner's specimen transport system to ensure full coverage'	2.6.1		i. Gaps report and plan for coverage				NA	Planned for Q2
Conduct a detailed diagnostic chain analysis for presumptive DR-TB patients	2.6.2	Assessment report	Assessment report				Not met	CTB/KNCV's country based, Advisor Diagnostic Network assumed his position in December 2015 and therefore the activity was postponed to Q2. The assessment will be conducted in Q2 (Jan-Mar 2016)
Support sample transportation from urban CSCPs to GeneXpert sites	2.6.3	Procurement report				In December 2015, CTB participated in an NTP led gathering regarding sputum sample transportation. During this meeting, discussions centered on low sputum samples being collected hence underutilizing the gene Xpert machines. Another major issue was the sputum sample transportation to the Central Reference Lab which resulted in some samples missing, misplaced or damaged.	Not met	CTB plans procurement of 50 bicycles for Q2 to allow for agreement with other partners supporting sample transportation. CTB will also be part of the NTP sample transportation committee in order to support and strengthen the sample transportation system.

Include bio-safety measures into regular QMS activities	2.7.1		Quarterly report	Quarterly report	End of year report		NA	Planned for Q2
Maintenance of Biosafety cabinets	2.7.2		Report				NA	Planned for Q2

Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Develop framework and implement pilot interventions for addressing urban TB (clinic and communities in poor urban settings)	3.1.1	i. procurement of x-rays ii. SOPS and Protocols finalized iii. Curriculum developed	i. Framework ii. Guidance for team on training package iii. Implementation report	Implementation report	Implementation report	CTB/KNCV published the vacancy for the two Active Case Finding (ACF) teams (Lilongwe and Blantyre) in early December 2015 with a closing date of 4 January 2016.	Not met	This activity was not met due to the delay of recruiting ACF teams. Specifications of the mobile X-ray machines have been provided by the NTP and KNCV HQ is currently handling the procurement process.
Support an MDR-TB quality of care Task Force, which based on the current unsatisfactory situation develops an implementation plan for improving the quality of MDR-TB care, and its monitoring and evaluation (capacity building plan, using a multidisciplinary training team approach at targeted facilities, supervision, clinical mentoring, and quarterly cohort	3.2.1	i. Task force in-place and functional (report to include mandate and tors				In APA1, Q4, KNCV organized an STTA on PMDT by Dr. Nunurai Ruswa. In Q1, KNCV prepared a follow-up TA calendar including a follow-up TA for helping to set-up the task force. CTB/KNCV is awaiting concurrence from the NTP on proposed dates for this TA.	Not met	NTP has to ensure that the TA also fits into its own implementation calendar. Activity is therefore pushed to possibly Q2 or Q3.

analysis).								
Develop and implement sentinel surveillance of MDR-TB in new smear positive patients in ten sites	3.2.2	Criteria established	i. Site assessment report ii. Workshop report				Not met	CTB consultant will provide STTA in the next quarter (Q2) on establishment of the sentinel surveillance criteria. This is due to the delay in recruitment of country based staff and late approval of the workplan.
PEPFAR: Implement a standard testing of all retreatment cases for MDR-TB using GeneXpert	3.2.3	i. Protocols updated	Quarterly report	Quarterly report	Quarterly report		Not met	CTB will collect data in the next quarter (Q2) which will lead to the updating of protocols for testing all retreatment cases for MDR TB using GeneXpert. This is due to the delay in recruitment of country based staff and late approval of the workplan.
Support strategic updating of TB in Prisons	3.2.4		i. Workshop Report ii. SOPS completed ii. Orientation meeting report (2)	i. Orientation meeting report (2) ii. TI centers established (2)			NA	Planned for Q2
PEPFAR: Support the access to quality treatment and care for TB, DR TB and TB/HIV in prisons	3.2.5		Supervision report from prisons	Supervision report from prisons	Supervision report from prisons		NA	Planned for Q2
PEPFAR: Hold TB/HIV working group meetings and together with the HIV department, revisit IPT policy, print and disseminate.	3.2.6		Meeting report				NA	Planned for Q2
PEPFAR: Support development and implementation of	3.2.7	i. Report of benchmarking tool					Not met	The CTB Senior Technical Focal Point will provide orientation on this activity

roadmap for Childhood TB specific for Malawi		ii. draft Action plan for Child TB						in Q2.
PEPFAR: Build the capacity of PHC providers in Childhood TB	3.2.8	i. Travel report from SA training	i. SOPS finalized ii. Reporting formats updated				Not met	CTB/KNCV proposes to move this training to Q4, 2016 to better fit the implementation calendar for the NTP.
PEPFAR: Improve capacity of HCW to detect and refer children for diagnosis of childhood TB	3.2.9	sub - contract awarded	i. curriculum and training plan developed ii. Training report	i. training Report (s)	i. training Report (s)		Not met	CTB will discuss with NTP and Global Fund on the availability of childhood training activities and planned implementation in February 2016 (as part of the benchmarking tool exercise). CTB will implement this activity following agreements. The reasons for delay are recruitment of KNCV staff and the availability of NTP during the quarter.

Sub-objective 4. Targeted screening for active TB

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Support the implementation in non-CHAI CTB districts of the new SOP	4.1.1		Report of desk review ii. Assessment tool finalized iii. assessment report iv. SOPS developed v. Curriculum developed	i. training report	i. training report		NA	Planned for Q2

			vi. Supervisory tools adapted					
PEPFAR: Update Malawi specific guidelines for contact investigations, SOPs, monitoring tools in close coordination with HIV partners, community organizations	4.2.1	i. report national research meeting ii. CI guidelines, SOPs, monitoring tools updated		Guidelines updated		In November, CTB/KNCV Zonal Advisor participated in GF supported training about Contact Investigation and Systemic Screening.	Partially met	Research meeting is planned for Q2.
Strengthen the capacity of the zonal officers for CI	4.2.2			i. updated curriculum ii. Workshop report			NA	Planned for Q3
Strengthen Contact Investigation (CI) in CTB focus districts	4.2.3			i. Quarterly reports (to include orientation and training ii .Plan for training HSAs in all priority districts	i. Quarterly report		NA	Planned for Q3

Sub-objective 5. Infection control

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
PEPFAR: Review existing TB-IC policies and guidelines, including congregate	5.1.1	Assessment report				This activity was conducted during APA1, Q4 (see annual report), the report	Met	

settings with a high prevalence of TB/HIV and Community.						became available in Q1 of APA2.		
PEPFAR: Define national plan for IC with support from all stakeholders	5.1.2	i. Workshop report ii national implementation plan				This activity was finalized during APA1, Q4 (see annual report)	Met	
Build the capacity of IPC committees in 5 districts in TB-IC including scale up of F.A.S.T. in high risk environments	5.1.3	i. Procurement of Fit test ii. Fit test training	i. training workshop report ii. Training plan in place	i. training reports	i. training reports		Not met	KNCV Consultant Max Meis is scheduled to travel to Malawi in Q2 to conduct the F.A.S.T training. The procurement of fit tests will follow his TA. TA follows NTP concurrence on dates. TA is currently scheduled for first week of March 2016.
Provide support for MOH staff from the Building Department and Quality Assurance Unit to participate in the Harvard training	5.1.4			Training report			NA	Planned for Q3
Engage with relevant MOH and PEPFAR partners to develop a national policy, strategy and implementation plan for HCW screening and surveillance on TB as part of a wellness strategy	5.2.1	i. meeting with stakeholders report	i. Strategy for surveillance in HCW defined and roll-out initiated (Q report)	i. Advocacy package developed			Not met	CTB will review the national policy, strategies and implementation plans for HCW screening and surveillance on TB as part of a wellness strategy. A meeting with National Organization of Nurses and Midwives in Malawi (NONM) is planned for the second week of January 2016.
Establish wellness centers in 5 pilot districts	5.2.2			i. Assessment report ii. Local procurement iii.	i. Wellness centers established in each zone ii. Staff medical		NA	Planned for Q3

				Monitoring and supervision tools adjusted v. presentation and materials on risk	officers trained, iii. Documentation provided.			
Contract local/regional organization to assist the NTP in raising the level of awareness of TB among HCW and improved diagnosis and rapid treatment initiation	5.2.3		i. Subcontract or engaged ii. Contractor's reports	i. Training reports ii. Mentorship reports	i. Mentorship reports		NA	Planned for Q2

Sub-objective 6. Management of latent TB infection

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Revise and update the LTBI policy based on evidence generated in Malawi on implementation of policies and standards for management of LTBI in high risk groups such as children under 5, PLHIV and persons with diabetes.	6.1.1	i. LTBI workshop report				The LTBI practices review is part of the Childhood Benchmarking Tool workshop scheduled for Q2.	Not met	See above for reasons of postponement of TAs.
Improve programmatic uptake of IPT in children less than five and PLHIV	6.1.2		i. Review and revise forms finalized ii. SOPS iii. Training materials				NA	Planned for Q2

			finalized iv. Training plan in place v. revised supervisory and mentorship tools					
--	--	--	----------------------------------------------------------------------------------------------------------	--	--	--	--	--

Sub-objective 7. Political commitment and leadership

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks <i>(reason for not meeting milestone, actions to address challenges, etc.)</i>
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Advocate for district funding through District council; participate in district executive committee meetings Advocate through the parliamentary committee for health, Parliamentary committee on HIV/AIDS and the planning department of MoH Advocate for permanent positions (established positions at NTP beyond current two for the NTP central Office	7.2.1		i. DTO trained in regular program reviews	i. Samples of district briefings available			NA	Planned for Q2
Strengthen the leadership and management core competencies aligned with END TB strategy	7.3.1	i. definition of core competencies at each level in Malawi	i. Implement survey ii. HRD plan defined				Not met	CTB/KNCV will organize a HRD consultancy for this activity in Q3. It was not possible for Q1 as the country staff has just been recruited. Various Assessments are planned for Q2 hence Q3 is the ideal timing for the HRD

								consultancy.
--	--	--	--	--	--	--	--	--------------

Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks <i>(reason for not meeting milestone, actions to address challenges, etc.)</i>
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
PEPFAR: Strengthen the national platform led by NAC with participation of NTP, partners and civil society organization, faith based organizations to promote and advocate TB/HIV integration	8.1.1		Report on National Conference				NA	Planned for Q2
PEPFAR: Establish and support quarterly district-level platforms to coordinate TB and TB/HIV activities supported by the zones	8.1.2	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV		Not met	The Zonal TB Advisors were hired in November 2015 and will start supporting this activity in Q2 2016.
General technical support to NTP in program management and technical reporting	8.2.1			TA Report	TA Report		NA	Planned for Q3

Sub-objective 9. Drug and commodity management systems

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provide high quality technical support to the NTP for the development of a	9.1.1	PSM specialist in - country				The PSM specialist was hired in Q1 and is now integrated in the NTP activities, such as	Met	

procurement and supply chain management (PSM) strategic plan						orienting PSM supervisors in conducting supportive supervision. In Q1, The PSM Specialist collected GF related PSM documents and reviewed these with the aim of synchronizing all PSM activities into KNCV PSM work plan.		
Provide capacity building plan for health facilities at all levels; from National, Zonal to District, for better pharmaceutical management. This needs to be done in collaboration with the NTP, HTSS, HIV and other relevant departments;	9.1.2		Quarterly report	Quarterly report	Quarterly report		NA	Planned for Q2
Assist with the development of an efficient stock monitoring system, including drugs and lab supplies and look at the requirement for ancillary drugs to manage side-effects	9.1.3		Quarterly report	Quarterly report	Quarterly report		NA	Planned for Q2
Assist the NTP with completing an assessment on the supply of Xpert cartridges and determine a plan for supply management.	9.1.4	Assessment report and quantification				The supply management plan is being prepared with the NTP and it is almost finalized. The procurement process for the 21,000 cartridges by CTB is underway.	Partially met	The assessment report will be ready in Q2.

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
TA for developing a detailed costed development action plan for a (web based) electronic surveillance system (STTA)	10.1.1	TA report				This activity was finalized in APA1 Q4 (see annual report)	Partially met	A costed development plan is not yet done and planned for quarter 2/3? The first STTA was too short for this, and concentrated on assessment only.
Define a roadmap and action plan for implementation of ERR system	10.1.2	i. TA report ii. LTTS recruited in place iii. Travel report from study tour		Roadmap and costed action plan workshop		This activity is scheduled for Q3 and dependent on request from the NTP.	Not met	CTB/KNCV and NTP need to develop a new strategy following the non-approval for the Surveillance Officer TA in the CTB Work plan. Hiring this officer was recommended in the TA provided by KNCV consultants in Q4 (see above).
National consultation meeting on evidence and strategies to increase case-detection through: Contact investigation (CI), Intensified (ICF) and Active case-finding (ACF)	10.2.1	Meeting report				CTB will support the NTP to host a TB Networking meeting in February 2016 (Q2), with key objectives that include the mapping of key research priorities for the next 5 to 10 years, using the NTP Research Strategy Document as a foundation and strengthening the existing Malawi TB Research Network in alignment with the WHO Global Action Framework for TB Research.	Not met	STTA to be provided by Senior Consultant in the next quarter (Q2). There were discussions in October 2015 with Partners and other stakeholders and it was agreed that this meeting should take place in Q2.

Organize a workshop with NTP, local researchers and stakeholders to develop protocols for additional operational research	10.2.2	Meeting report					Not met	This workshop follows the above activity 10.2.1. The workshop is scheduled to take place from 10-12 February 2016.
Draft a first protocol for a DRS survey	10.2.3			Workshop report			NA	Planned for Q3 A STTA will be provided in Q2.

Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks <i>(reason for not meeting milestone, actions to address challenges, etc.)</i>
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Update pre-service and in-service TB management training modules and assess current training status of HCWs by gender	11.1.1	1. Assessment report					Not met	CTB will meet with GF partners in January 2016 in order to know the number of HCWs trained and the type of training curricula that have been developed and trainings conducted. Following this, CTB will produce an assessment report.
District and peripheral level TB management training and mentoring/on-the-job training	11.1.2	i. curriculum developed and training plan in place	workshop report	workshop report			Not met	CTB will review the available curriculum and trainings funded by CTB and the activity will be conducted following agreement with GF.
Training of central and zonal supervisors	11.1.3		workshop report				NA	Planned for Q2
Organize supportive supervision to zones for mentoring zonal TBOs in effective supervision	11.1.4	Quarterly report	Quarterly report	Quarterly report	Quarterly report		Not met	CTB Zonal Advisors were hired in November 2015 and started their position in December/January. In Q1, they developed an implementation calendar that included supervisory visits. The CTB Zonal TB Advisors will agree with

								their respective zonal teams on the dates to conduct supportive supervision in the zones and in particular CTB supported districts. Agreements need to be made with the NTP on central level supervision in January 2016.
Quarterly zonal monitoring meetings	11.1.5		Quarterly report	Quarterly report	Quarterly report		NA	Planned for Q2

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TB-MoH	B1	B1	\$9.3m	\$8.2	

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The GF usually produces a report on a semi-annual basis, hence the July-December 2015 report will be compiled in February 2016. In view of that, this information will be available in the next CTB quarterly report.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

CTB has supported the orientation of PSM supervisors in preparation for supportive supervision

CTB participated in a meeting with MOH to discuss PSM strategies, harmonization of procurement plan of TB and HIV

CTB also attended meeting with Action Aid and GF country team in finalizing the GF budget

4. Success Stories – Planning and Development

Planned success story title:	Operationalization of the Patient Centered Approach
Sub-objective of story:	1. Enabling environment
Intervention area of story:	1.4. Provider side: Patient centered approach integrated into routine TB services for all care providers for a supportive environment
Brief description of story idea:	Introduction of TB CARE I's framework of a Patient Centered Approach (PCA) will take place at the national and zonal level and through cascade training to the district levels CBOs and PEPFAR partners .The 15 target districts will use this PCA framework to review and better determine roles and responsibilities and look to support local solutions to local problems
Status update:	A STTA for the operationalization of the PCA has been planned for Q2. The success story is anticipated to be available in Q4.

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	40	26	NTP is facing some challenges in collecting MDR-TB data and efforts are being made to revise the current data collection tools in order to capture MDR cases. Additionally, efforts are being made to address the knowledge gap of TB Officers in MDR TB. Data for 2015 will be available in the next quarterly report.
Total 2011	26	15	
Total 2012	27	19	
Total 2013	28	19	
Total 2014	19	17	
Jan-Mar 2015			
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below - i.e. Province name)</i>						This data is unavailable at the moment. It will be available in the next quarter.
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)						
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1		Kelly Schut, Christine Whalen, Jan Willem Dogger					-To start up the CTB project in Malawi through team building sessions with the newly recruited Malawi country team -To orient the Malawi team on the workplan	Complete	8-11 December 2015	4 days	
2		Eveline Klinkenberg					To support the Malawi NTP to develop the protocol for Malawi's 2 nd drug resistance survey (DRS) and ensure it is in accordance with the new WHO DRS guidelines of July 2015. Discuss planning and preparation of a National Research Stakeholder workshop organized with NTP, local researchers and other key stakeholders to update the national TB Operational Research agenda and develop an implementation plan	Complete	1-7 November 2015	7 days	

						for studies that are top priorities.				
3		Valentina Anisimova & Anton Bussink				To undertake a comprehensive assessment of TB laboratory services and systems and provide recommendations to improve/expand to support timely quality assured diagnosis and follow-up of TB and DR patients	Complete	17 October to 1st November 2015	16 days	
4		Netty Kamp				To conduct a desk-review and create a database of existing tools to enhance patient centered approach	Pending			
5		Eveline Klinkenberg				To develop and implement sentinel surveillance of MDR-TB in new smear positive patients in ten sites	Pending			
6		Eveline Klinkenberg				To conduct assessment of the Community Sputum Smear collection strategic approach	Pending			
7		External consultant				To develop framework and implement pilot interventions for addressing urban TB (clinic and communities in poor urban settings)				
8		Nunurai Ruswa				To develop a strategy and an implementation plan on ascertaining and improving MDR-TB quality of care; SOPs; procedures for reliable	Pending			

						surveillance, supervision and quarterly cohort analysis				
9		Marleen Heus				To strengthen the leadership and management core competencies aligned with END TB strategy	Pending			
10		Max Meis and Marleen Heus				To build the capacity of IPC committees in 5 districts in TB-IC (including scale up of F.A.S.T. in high risk environments)	Pending			
11		Valentina Anisimova				To provide STTA to the design of the third reference laboratory				
12		Local/regional organization				To assist the NTP in raising the level of awareness of TB among HCW and improved diagnosis and rapid treatment initiation				
13		External Consultant				To provide general technical support to NTP in program management and technical reporting				
14		Eveline Klinkenberg				To conduct national consultation meeting on evidence and strategies to increase case-detection through: Contact investigation (CI), Intensified (ICF) and Active case-finding (ACF)				
15		Christine Whalen				To conduct desk reviews of quarterly reports, distant mentoring and advising, in-country monitoring				

						visit				
Total number of visits conducted (cumulative for fiscal year)							3			
Total number of visits planned in approved work plan							15			
Percent of planned international consultant visits conducted							20%			

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	CTB geographical areas, gender and age	Quarterly	CTB Target areas: baseline will be established in APA2 Q2	Target will be set after baseline established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report.
1.1.2. % of case-reporting private providers that also provide treatment outcomes for TB patients	CTB geographical areas, gender and age	Quarterly	CTB Target areas: baseline will be established in APA2 Q2	Target will be set after baseline established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report.
1.2.2. % of (population) with correct knowledge and positive attitudes towards people affected by TB	CTB geographical areas	Annually	Baseline to be provided after conducting the Health Seeking Behavior Study (see activity 1.3.1) in Q3	Target will be set after baseline established	Measured annually	
1.3.1. Patient delay	CTB geographical areas	Annually	Baseline to be provided after conducting the Health Seeking Behavior Study (see activity 1.3.1) in Q3	Target will be set after baseline established	Measured annually	
1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy	CTB areas. HFs included in integrated HIV/TB supervision	quarterly	The baseline will be Established in APA2 Q2	Target will be set after baseline established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	CTB Geographic Areas and by the type of laboratory	Annually	0	1	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.2.2. #/% of laboratories showing adequate performance in external quality assurance for smear microscopy	CTB Geographic Areas	Quarterly	Baseline will be established in APA2 Q3	Target will be set after baseline and desk review		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
2.2.4. #/% of laboratories showing adequate performance in external quality assurance for DST	National and subnational	Annually	1 (Lilongwe)	1 (Lilongwe)	Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	National and subnational	Annually	50% (1/2)NRL (2014)	50%	Measured annually	
2.2.7. Number of GLI-approved TB microscopy network standards met	National and CTB Geographic Areas	Annually	Baseline will be established in Y2 Q3	Target will be set after baseline is established	Measured annually	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	National and CTB Geographic Areas	Quarterly	National data 2013: 1. New patients: 1% 2. Retreatment patients: 20%	Target will be set after baseline is established (q3)		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other)	National, district, priority populations	Annually	Baseline will be established in Q2	Target will be set after baseline for CTB districts is established (q2)	Measured annually	
2.4.6. #/% of new TB cases diagnosed using GeneXpert	National, district, priority populations	quarterly	Baseline will be established in Q2 for CTB districts	Target will be set after baseline for CTB districts is established (q2)		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
2.5.1. Status of national	National,	Annually	1	1	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
LIMS	district					
2.6.4. # of specimens transported for TB diagnostic services	National, district	Quarterly	Baseline will be established in Q2 for CTB districts	Target will be set after baseline for CTB districts is established (q2)		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
2.7.1. #/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing culture, DST and Xpert)	National, district, type of laboratory	Annually	2 National Reference Labs: are applying national biosafety standards and 30 Xpert Platforms in CTB districts	2 National Reference Labs: are applying national biosafety standards and 30 Xpert Platforms in CTB districts	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	CTB areas, age, gender, public and private	Quarterly	National data 2013 All forms n=19,359	CTB targets will be set after baseline have been established (q2)		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
3.1.4. Number of MDR-TB cases detected	New case or retreatment, age and gender	Quarterly	In 2013, 23 RR/MDR-TB positive patients were diagnosed	CTB area baseline TBD		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	National	Quarterly	National (2014): 11%	12%		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
3.1.11. #/% of prisons conducting screening for TB with chest X-ray	Prison	Quarterly	Baseline will be set in Q2	CTB area baseline TBD		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
3.2.1. Number and percent of TB cases successfully treated (all	CTB areas by age, gender, prisons,	Quarterly	Treatment success of new and relapse 82% (2012 cohort)	CTB targets will be set after baseline has been established		

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	private, urban					
3.2.4. Number of MDR-TB cases initiating second-line treatment	CTB areas	Quarterly	NTP 2013 11/23	CTB targets will be set after baseline has been established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
3.2.7. Number and percent of MDR-TB cases successfully treated	CTB areas and by Gender	Quarterly	69% success rate (Cohort 2011)	CTB targets will be set after baseline has been established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB areas by age, gender, prisons, private, urban	Quarterly	Baselines established by end of Q2	CTB targets will be set after baseline has been established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB areas by age, gender, prisons, private, urban	Quarterly	Baselines established by end of Q2	CTB targets will be set after baseline has been established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
TB Treatment Outcomes among registered new and relapsed TB cases who are HIV positive	CTB areas by age, gender, prisons, private, urban	Quarterly	Baselines established by end of Q2	CTB targets will be set after baseline has been established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	CTB geographical area, gender, age	quarterly	CTB geographic areas: set after baseline for CTB districts in Q2	CTB targets will be set after baseline has been established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
4.2.3. % of confirmed TB patients by case finding approach (CI, ACF, ICF), by key population and	Please refer to 3.1.1	Quarterly	Please refer to 3.1.1	Please refer to 3.1.1		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
location (ex, slum dwellers, prisoners) (Service cascade)						

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.3. #/% of TB IC (i.e. FAST) certified health facilities	Type of facility	Quarterly	Baseline for CTB areas will be set in Q2	CTB targets will be set after baseline has been established		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
5.2.1. Status of TB disease monitoring among HCWs	National	Annually	0	0 (policy endorsement and implementation planned for Y3)	Measured annually	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	CTB Areas	Annually	N/A	CTB area baseline TBD	Measured annually	

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT	<5 children	Quarterly	2,770 children started on IPT in 2014	CTB area baseline TBD		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity	National level	Annually	Baseline for CTB areas will be set in Q2	Not applicable	Measured annually	
7.3.1. NTP leadership and management competency score (TBD)	Administrative level; gender;	Annually	Baseline for CTB areas will be set in Q3	CTB target will be set after baseline has been established	Measured annually	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
----------------	------------------------------------------------------------------	--	--	--	--	--

Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	National level	annually	0 (2014)	N/A	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	National level	annually	N/A	Establish baseline	Measured annually	
8.2.1. Global Fund grant rating	National level	annually	B1/2 (2014)	N/A	Measured annually	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	CTB Geographic Area	Quarterly	Data not routinely collected (2014)	CTB area baseline TBD		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	National	Quarterly	1	1		Unable to report on this data at the moment. The Q1 data will be available in the next quarterly report
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	CTB Areas	Annually	No	No (the assessment will be done in Y3)	Measured annually	
10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years	Gender, age, history of retreatment	Annually	Last DRS completed in 2011	National: TBD	Measured annually	
10.2.6. % of operations research project funding provided to local partner	National	Annually	N/A	TBD	Measured annually	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
(provide % for each OR project)						
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National	Annually	N/A	N/A	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.1. Status of system for supportive supervision	CTB geographical areas	Annually	1	2	Measured annually	
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded)	Central level, zonal level, district level	Annually	Central: 0/2, Zonal: 4/20, District: 0/12	CTB Target: Central: 2/2. Zonal 20/20; District: 180/180	Measured annually	
11.1.3. # of healthcare workers trained, by gender and technical area	Central level, zonal level, district level	Annually	National: data not available	TBD	Measured annually	
11.1.5. % of USAID TB funding directed to local partners	Central level, zonal level, district level	Annually	N/A	TBD	Measured annually	

